

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000720
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) Boonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Boonville 0372
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Route #3		Length of stay in 1b 3 hrs	d. STREET ADDRESS 510 Elm (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FREDERICK W. OHLENDORF	4. DATE OF DEATH Month Day Year Feb. 4, 1959
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 1, 1893	9. AGE (In years at birth) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (City and state or country) Cooper County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Herman Ohendorf	13b. MOTHER'S MAIDEN NAME Elizabeth Kahle	14. NAME OF HUSBAND OR WIFE Ohendorf Barbara Honerbrink
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Mrs Frederick Ohendorf, Boonville	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>± 30 minutes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerotic Heart Disease</i>	<i>Unknown</i>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4200</i>		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>did not attend was never arrived</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>2:30 PM</i> , to <i>her</i> and last saw him alive on <i>her</i> Death occurred at <i>2:30 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>B. M. Stuart, M.D.</i> (Degree or title)	22b. ADDRESS <i>329 Main, Boonville, Mo</i>	22c. DATE SIGNED <i>2/5/59</i> (Date)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>Feb. 7/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Walnut Grove Cemetery</i>	23d. LOCATION (City, town, or county) <i>Boonville, Mo.</i>
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24. FUNERAL DIRECTOR <i>B. W. Thacher</i> Boonville, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>2/6/59</i>	26. REGISTRAR'S SIGNATURE <i>D. Cooper</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Berry W. Hunter*

Licensed Embalmer No. *3944*

P. O. Address *Boonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.